

Haemophilus Influenzae Type b (Hib) Vaccine

WHAT YOU NEED TO KNOW

1 What is Hib disease?

Haemophilus influenzae type b (Hib) disease is a serious disease caused by a bacteria. It usually strikes children under 5 years old.

Your child can get Hib disease by being around other children or adults who may have the bacteria and not know it. The germs spread from person to person. If the germs stay in the child's nose and throat, the child probably will not get sick. But sometimes the germs spread into the lungs or the bloodstream, and then Hib can cause serious problems.

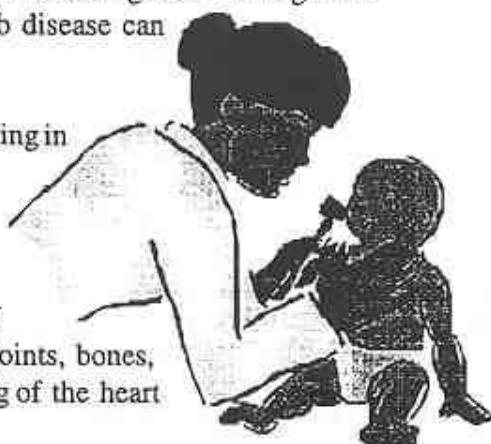
Before Hib vaccine, Hib disease was the leading cause of bacterial meningitis among children under 5 years old in the United States. Meningitis is an infection of the brain and spinal cord coverings, which can lead to lasting brain damage and deafness. Hib disease can also cause:

- pneumonia
- severe swelling in the throat, making it hard to breathe
- infections of the blood, joints, bones, and covering of the heart
- death

Before Hib vaccine, about 20,000 children in the United States under 5 years old got severe Hib disease each year and nearly 1,000 people died.

Hib vaccine can prevent Hib disease.

Many more children would get Hib disease if we stopped vaccinating.



2 Who should get Hib vaccine and when?

Children should get Hib vaccine at:

- ✓ 2 months of age ✓ 6 months of age*
- ✓ 4 months of age ✓ 12-15 months of age

* Depending on what brand of Hib vaccine is used, your child might not need the dose at 6 months of age. Your doctor or nurse will tell you if this dose is needed.

If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.

Hib vaccine may be given at the same time as other vaccines.

Older Children and Adults

Children over 5 years old usually do not need Hib vaccine. But some older children or adults with special health conditions should get it. These conditions include sickle cell disease, HIV/AIDS, removal of the spleen, bone marrow transplant, or cancer treatment with drugs. Ask your doctor or nurse for details.

3 Some people should not get Hib vaccine or should wait

- People who have ever had a life-threatening allergic reaction to a previous dose of Hib vaccine should not get another dose.
- Children less than 6 weeks of age should not get Hib vaccine.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting Hib vaccine.

Ask your doctor or nurse for more information.

4 What are the risks from Hib vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of Hib vaccine causing serious harm or death is extremely small.

Most people who get Hib vaccine do not have any problems with it.

Mild Problems

- Redness, warmth, or swelling where the shot was given (up to 1/4 of children)
- Fever over 101°F (up to 1 out of 20 children)

If these problems happen, they usually start within a day of vaccination.

They may last 2-3 days.



5 What if there is a moderate or severe reaction?

What should I look for?

Any unusual condition, such as a serious allergic reaction, high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat, or dizziness within a few minutes to a few hours after the shot.

What should I do?

- Call a doctor, or get the person to a doctor rightaway.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

6 The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program's website at <http://www.hrsa.gov/bhpr/vicp/>

7 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-2522 (English)
 - Call 1-800-232-0233 (Español)
 - Visit the National Immunization Program's website at <http://www.cdc.gov/nip>



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Immunization Program



Texas Department of Health

Addendum to *Haemophilus Influenzae* Type b (Hib) Vaccine Information Statement

1. I agree that the person named below will get the vaccine checked below.
2. I received or was offered a copy of the Vaccine Information Statement (VIS) for the vaccine(s) listed above.
3. I know the risks of *Haemophilus Influenzae* Type b.
4. I know the benefits and risks of the vaccine.
5. I have had a chance to ask questions about the disease, the vaccine, and how the vaccine is given.
6. I know that the person named below will have the vaccine put in his/her body to prevent *Haemophilus Influenzae* Type b.
7. I am an adult who can legally consent for the person named below to get vaccines. I freely and voluntarily give my signed permission for this vaccine.

Vaccine to be given: ☐ *HAEMOPHILUS INFLUENZAE* Type b (Hib)

Information about person to receive the vaccine (Please print)					For Clinic/Office Use Clinic Office Address:	
Name: Last	First	Middle Initial	Birthdate	Age	Date Vaccine Administered:	
Address: Street	City	County	State TX	Zip	Vaccine Manufacturer:	
Signature of person to receive vaccine or person authorized to make the request (parent or guardian): X _____ Date _____					Vaccine Lot Number:	
Witness _____ Date _____					Site of Injection:	
					Signature of Vaccine Administrator:	
					Title of Vaccine Administrator:	

Texas Department of Health
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CONSENT FOR THE TEXAS DEPARTMENT OF HEALTH STATE-WIDE IMMUNIZATION REGISTRY, ImmTrac

1. I authorize the placement of my child's demographic information and immunization record into the Texas Department of Health's Immunization Registry.
2. I authorize the Texas Department of Health's Immunization Registry to release past, present, and future immunization records on my child to a parent of the child and any of the following:
 - A) public health district;
 - B) local health department;
 - C) physician to the child;
 - D) school in which the child is enrolled; and/or
 - E) child care facility in which the child is enrolled.
3. I understand that I may withdraw the consent to place information on my child in the immunization registry and my consent to release information from the registry at any time by written communication to the Texas Department of Health, Immunization Registry, 1100 W. 49th Street, Austin, Texas, 78756.

☐ Yes. Add my child's information into the Texas Department of Health's Immunization Registry.

☐ No. Do not add my child's information into the Texas Department of Health's Immunization Registry.

Signature of parent, guardian, or managing conservator

Date of signature

Instructions: Store the parental consent statement in the patient's chart.